

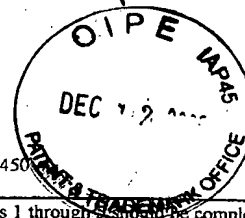
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Complete and send this form, together with applicable fee(s), to:

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27130 7590 11/03/2005

EITAN, PEARL, LATZER & COHEN ZEDEK LLP
10 ROCKEFELLER PLAZA, SUITE 1001
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(Depositor's Name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,558	12-04-2003	FITZGERALD, Thomas J.	P-6120-US	5479

TITLE OF INVENTION: DEVICE AND SYSTEM FOR HEAT SPREADER WITH CONTROLLED THERMAL EXPANSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
nonprovisional	NO	\$0	\$0	\$0	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGO, Ngan V.	2818	257-707000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PEARL COHEN ZEDEK

2 LATZER, LLP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTEL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA CLARA, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☐ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature:

Date: December 06, 2005

Typed or printed name: Naim Shichur

Registration Number: 56,248

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